

## Grant Agreement with No Prepayments

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## SIGNATORIES TO THIS AGREEMENT

  
GRANTEE's Authorized Representative  
April Haverty, JD  
Director, Grants and Contracts

11/20/2015  
Date

Agency DUNS No. 9 3 7 6 3 9 0 6 0

GRANTOR's Authorized Representative  
Chuck J. Warzecha  
Administrator / Deputy Administrator, D  
Department of Health Services

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Date

## CARS PAYMENT INFORMATION

The information below is used by the DHS's Bureau of Fiscal Services, CARS Unit to facilitate the processing and recording of payments made under this Agreement.

**Agency Name:** Medical College of Wisconsin

**Grant Agreement #, if applicable:** 30215

**Total Grant Agreement Amount:**  
\$845,849

**There will be no pre-payments issued with this contract.**

**Match Required:** No      If Yes, Profile ID#

Amount: \$

F-00766 (07/2015)